

MULTIPLE D. CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	3					
5	3					
6						
7	2					
8	1					
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TOTAL IND.	3					
TOTAL DEP.	14	↓	↓	↓		
TOTAL CLAIMS	17	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

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TOTAL IND.		↓	↓
TOTAL DEP.		↓	↓
TOTAL CLAIMS		[REDACTED]	[REDACTED]